



C I T Y O F A T L A N T A

OFFICE OF CONTRACT COMPLIANCE
55 TRINITY AVENUE, SW, SUITE 1700
ATLANTA, GEORGIA, 30303
OFFICE (404) 330-6010
FAX (404) 658-7359

THE EQUAL BUSINESS OPPORTUNITY PROGRAM CERTIFICATION AFFIDAVIT

GENERAL PARTNERSHIP

Dear Prospective Minority and/or Female Business Enterprise Applicant:

Thank you for your interest in becoming a certified participant in the City of Atlanta Equal Business Opportunity (EBO) Program as an African American Business Enterprise (AABE), a Female Business Enterprise (FBE), a Hispanic Business Enterprise (HBE), an Asian Business Enterprise (ABE) or a Native American Business Enterprise (NABE).

ALL questions on the certification application must be answered completely and ALL requested documentation must accompany the application. Submit the completed application and documentation to the Office of Contract Compliance. Failure to complete portions of the application and provide the required documentation will delay the certification process or result in denial of certification.

The information on the application must be true and accurate to the best of the applicant's knowledge. The application must be signed and notarized. The information requested is for use by the Office of Contract Compliance only and will be kept confidential to the extent allowable by law.

Your business must be located within one of the following ten county areas to be considered for certification in the City of Atlanta Equal Business Opportunity Program. The ten county area includes: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, and Rockdale counties.

If your company is denied certification, you have the right to appeal the decision. You may file a notice of Appeal with the Director of Contract Compliance in writing within seven (7) business days of receipt of the denial letter. The Office of Contract Compliance bases its decisions on the City of Atlanta Code of Ordinances Section 2-1462. If you have any questions please contact the Office of Contract Compliance at (404) 330-6010.

DOCUMENTS TO BE SUBMITTED

Required Documents for All Applicants:

- ____ 1. Bank Signature Card.
- ____ 2. Proof of Minority or Female Status (birth certificate with Picture I.D. or Passport).
- ____ 3. Copy of current Business License which shows that company is located in one of the following
10 counties; Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, Rockdale.
- ____ 4. Current Resume of all principals of company showing Education, Training, Employment experience with dates.
- ____ 5. Provide copy of the lease, rental, or management agreement for business premises, including local business telephone number.
- ____ 6. Organizational Chart
- ____ 7. Email Address

A. Additional Requirements for a Corporation

- ____ 1. Previous two years Federal Corporate Tax returns including all schedules.
- ____ 2. Certificate of Incorporation, and Articles of Incorporation, including Amendments.
- ____ 3. Minutes of First Corporate Organizational meeting .
- ____ 4. Minutes of any subsequent meeting during which changes in the ownership and/or management of corporation are discussed.
- ____ 5. Corporate By-Laws.
- ____ 6. Copy of all stock certificates issued to date (include front and back sides of any canceled or replaced certificates. (do not include a specimen copy.)
- ____ 7. Stock-ledger.
- ____ 8. If you are incorporated outside the State of Georgia, include a copy of the firms Certificate of Authority to conduct business in the State of Georgia.

B. Additional Requirements for a General Partnership

- ____ 1. Previous two years Federal Partnership Tax returns, Form 1065, including all schedules
- ____ 2. Partnership Agreement and Amendments which reflect change in ownership or profit sharing.
- ____ 3. Buy-out rights agreement (if separate).
- ____ 4. Profit Sharing agreement (if separate).
- ____ 5. Proof of capital invested (canceled checks, front and back).
- ____ 6. If Partnership was organized outside the State of Georgia, provide Certificate of Authority to do business in Georgia.

C. Additional Requirements for a Limited Partnership

- ____ 1. Previous Two years Federal Partnership Tax returns, Form 1065, including all schedules.
- ____ 2. Partnership Agreement and Amendments which reflect change in ownership or profit sharing.
- ____ 3. Buy-out rights agreement (if separate)
- ____ 4. Profit Sharing agreement (if separate)
- ____ 5. Proof of capital invested (canceled checks, front and back).
- ____ 6. Certificate of Limited Partnership
- ____ 7. Certificate of Existence.

____ 8. If Limited Partnership was organized outside the State of Georgia, provide
certificate of authority to do business in Georgia.

D. Additional Requirements for a Sole Proprietor

- ____ 1. Previous two years Federal Tax returns including all schedules.
- ____ 2. Equipment rental and purchase agreement (if applicable).
- ____ 3. Proof of capital invested (canceled checks, front and back).

E. Additional Requirements for a Limited Liability Company

- ____ 1. Copy of the Article of Organization and the Certification of Organization.
- ____ 2. Copy of the Statement of Organizers.
- ____ 3. Copy of the Operation Agreement and all Amendments thereof.
- ____ 4. Proof of capital invested (canceled checks, front and back).
- ____ 5. Prior two years of Federal Tax Returns of Limited Liability Company, including all schedules.
- ____ 6. If Limited Liability Company was organized outside the State of Georgia, provide certificate of authority to do business in Georgia
- ____ 7. Certificate of Existence.
- ____ 8. If LLC is a conversion of another form of business - include Certificate of Election from Georgia Secretary of State.

The EBO Affidavit and all supporting documents must be submitted together. All supporting documents relevant to your legal form of business enterprise (corporation, general partnership, limited partnership, sole proprietor or limited liability company) must also be submitted with the EBO Affidavit. Failure to submit all the required documentation will result in a delay in the processing or denial of certification of your business.

Please submit all completed documents bound with alphabetized tabs to:

**City of Atlanta
Office of Contract Compliance
55 Trinity Avenue, SW, Suite 1700
Atlanta, Georgia 30303-0321**

Accounting
Advertising/Marketing
Airport Services
Architecture
Asbestos Abatement
Attorneys
Audio Visual Services/Audio Visual
Supplies
Automotive Sales/Supplies/Services
Background Investigation
Banners/Tents
Bridges/Tunnels
Business Consultant
Cable Services
CADD
Carpentry
Catering
Chemicals
City Planning/Urban Design
Computer Services
Computer Supplies
Concessions
Concrete/Paving
Construction Management
Construction Steel
Construction Supplies
Counseling
Courier/Mailing Services
Data Processing
Debt Collection
Demolition
Development
Drywall
Educational Services
Electrical Contracting
Electrical Supplies
Elevator Services
Employment Services
Engineering
Environmental Consultant
Equipment Supplies
Erosion Control
Excavation
Facilities Management
Fencing
Film Production
Financial Services
Fire Protection
Flooring
Food Supplies
Gas/Oil
General Construction/General Contracting

Geotechnical Engineering
Glass Services
Goods Supplies
Grading
Hauling
Hazardous Material Management/Removal
Healthcare Services
Heavy Construction
HVAC
Hydraulics
Insulation
Insurance/Bonding
Interior Construction
Interior Design
Janitorial Services
Janitorial Supplies
Landscaping
Mapping
Masonry
Medical Supplies
Moving/Storage Services
Noise Abatement
Office Furniture/Office Supplies
Painting/Wall Covering
Parking Management
Pest Control
Photography
Pipelaying/Piping
Plumbing
Pressure Cleaning
Printing/Graphics/Publishing
Professional Training
Promotions
Property Management
Public Relations
Real Estate
Recycling
Renovations
Retail Food
Retail Goods & Services
Roofing
Security Services
Signage
Special Event Planning
Stenography/Court Reporting
Telecommunication Services
Towing Services
Traffic Control
Transportation Services
Trash Removal
Uniforms
Utilities Construction

Valet Parking
Vehicle Cleaning
Vending
Water Meter Service/Repair
Water/Sewer
Welding

As of November 13, 2002

**EQUAL BUSINESS OPPORTUNITY (EBO)
CERTIFICATION AFFIDAVIT
FOR**

Name of Enterprise

City of Atlanta

Project Pending? _____ **yes** _____ **no** **Bid Due Date:** _____

FC# _____ **Name of Project:** _____

The information supplied herein by an authorized individual shall clearly identify and evidence the extent of minority and/or female ownership and control of this business enterprise.

All required supporting documents must be included, along with the signature of the authorized persons affixed where ever requested. This EBO Affidavit must be signed and notarized prior to evaluation by the Office of Contract Compliance.

*Note: All items on this EBO Affidavit must be completed and submitted to the Office of Contract Compliance at the same time.

Definitions:

City of Atlanta Ordinance Section 2-1443 sets out the definitions for "African American", "African American Business Enterprise" (AABE), "Asian American Business Enterprise" (ABE), "Bid", "Bidder", "Commercially Useful Function", "Controlled", "Eligible Project", "Female Business Enterprise", (FBE), "Hispanic Business Enterprise" (HBE), "Joint Venture", "Native American Business Enterprise", (NABE), "Minority Business Enterprise", (MBE).

"Minority Business Enterprise (MBE)": a business which is an independent and continuing operation for profit, performing a commercially useful function and which is owned and controlled by one or more minority group members, as defined in Section 2-1356, which group has been determined to have suffered discrimination requiring amelioration as defined in Section 2-1445(23), (24) and is certified as such by the city.

"Owned": the minority or female owner, shall possess an ownership interest of at least 51 percent of the business; such ownership shall be real and continuing and shall go beyond the mere indicia of ownership of the business reflected in the ownership documents; and the minority or female owner shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance, rather than the form of ownership arrangements.

"Controlled": the minority or female shall possess and exercise the legal authority and power to manage business assets, good will and daily operations of the business; and actively and continuously exercise such managerial authority and power in determining the policies and directing the operations of the business.

APPLICANT IS APPLYING FOR CERTIFICATION AS:

_____ African American Business Enterprise(AABE)	_____ Corporation
_____ Female Business Enterprise (FBE)	_____ Partnership
_____ Hispanic Business Enterprise (HBE)	_____ Sole Proprietor
_____ Asian Business Enterprise (ABE)	_____ Limited Partnership
_____ Native American Business Enterprise (NABE)	_____ Limited Liability Co.

Select from the business categories on the list included with this packet, up to three (3) specific areas under which your business should be listed in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY REGISTER

In an effort to become certified for participation in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY PROGRAM, affiant/applicant offers the following information as evidence of its qualifications:

1.

The name of the principal, owner, partner, or corporate officer is:

_____ Title: _____

The mailing address is: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax(____) _____

Pager: (____) _____ Mobile: _____

Email Address: _____

2.

A. Is the principal, owner a citizen of the United States? ____yes ____no

B. If NO, is the principal, owner a lawful permanent resident of the United States? _____yes ____no

3.

A. Previous certification or approval as an M/FBE with the City of Atlanta? _____yes ____no

B. Previous certification or approval as an M/FBE with any other governmental agency? _____yes _____no

C. If you answered YES to any of the above questions, please provide a copy of the respective certifications, approval letters or certificates and attach them to this EBO AFFIDAVIT.

D. Denial of certification as an M/FBE by any governmental agency?

_____yes _____no

E. If YES, submit copy of denial document.

F. Has there been participation and involvement by any of the principals in another firm wherein there has been a challenge, appeal or suspension of M/FBE certification by the City of Atlanta or any other governmental entity?

_____yes _____no

G. If YES describe the following: (a) the name of the enterprise, (b) the name of the principal, (c) whether the action was a suspension, (d) whether the enterprise filed a formal appeal, (e) the Name of the governmental agency (including phone number) and (f) the current status of the challenge, appeal and/or suspension is:

4.

Are there any licenses or accreditation's required to engage in the business of your enterprise? _____yes _____no

TYPE	ISSUED TO	ISSUED BY	DATE ISSUED
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5.

The business was started, formed and/or acquired by its present owners on _____
 _____19_____in the following manner:

_____Bought as existing business _____Started as new business

_____Secured Franchise _____Merger or consolidation

Other Manner; explain_____

6.

If the business previously operated under another name, please provide the
 previous name and address of the enterprise:_____

7.

Are the owners, partners or principals of the enterprise affiliated with any other firm(s) as employees, shareholders, directors, members, or owners?

_____yes _____no

If YES, they are:

Name of Person affiliated with another firm	Person's title at affiliated firm.	Name of affiliated firm.	Affiliated Firm Telephone Number

8.

The total amount of moneys and all items of any value owed to the enterprise by any and all firm principals and/or spouse(s) or family members of principals:

Title/Name	Reason for Debt	Amount of Debt	Date Issued/Due

9.

The total amount of moneys and all items of any value which the enterprise owes to any shareholder, partner, principal, officer or member of the applicant enterprise or any spouse or sibling of the applicant enterprise.

Title/Name	Reason for the Debt	Date Issued/Due

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10.

The assets of the applicant/business, including real estate holdings, trade equipment, office furnishings and office equipment include:

Description of Asset	Real Dollar Value	Type of Lien/Encumbrance upon the Property

11.

The name, title, sex and ethnic groups of the individuals of the business enterprise most responsible for:

Function	Name	Title	Sex	Ethnic Group
Determining what jobs the enterprise will undertake				
Project supervision				
Major Expenditures				
Hiring/Firing Personnel				
Preparing Job Estimates				
Submitting Quotations				
Reviewing Plans and/or Specifications				
Field Supervision				

Project Coordination				
Equipment Rental Leasing				
Purchasing of Equip. and Supplies				
Marketing and Sales				
Securing Insurance				
Securing Bonding				
Securing Employee Benefits				
Signing Surety Bonds				
Signing Payroll Checks				

12.

_____ is a
(Name of Business Enterprise)

GENERAL PARTNERSHIP identified as follows:

Partner	Ethnic Group	Sex	Home Address	Number of Shares Percent of Whole	Amount Paid	Date of Invest-ment

13.

A. Have there been any Amendments to the Partnership Agreement?
_____yes _____no

If YES, explain in detail and provide copy. _____

B. Are there any Conversion Rights contained in the Partnership Agreement or any Amendments?
_____yes _____no

If YES, the explanation is: _____

C. What is each partner's specific voting right? _____

14.

Do the owners/partners report the funds from the Partnership as personal income for State and Federal Income tax purposes?

_____yes _____no

15.

What persons, firms, or entities have currently loaned money to the partnership?

Source	Amount	Reason for Loan	Conditions/Terms

16.

Is the Partnership bonded?

_____yes _____no

If YES, list the current bonding company, bonding limit, amount of any Letter of Credit, the issuing banking institution, and attach copy of bond letter.

Bonding Co. Address	Bond Limit	Issuing Bank	Dollar Value of Letter of Credit

17.

The Partnership's primary banking institution is:

Name of Bank	Address/City	Contact Person Telephone #	Checking Acct. Number

The Name and title of the person(s) whose signature is required to issue any checks for the payment of any and all expenses of the Partnership including payroll and operational expenses are:

Name

Title

18.

A list of the annual salaries, bonuses and commissions of all partnership staff/personnel, including principals during the past 12 months (rounded to the thousands) is as follows:

Name	Title	Salary	Bonus	Comm.	Deferred Comm.	Total

If no salaries, bonuses or commissions have been paid, please provide a brief explanation:

19.

Major Equipment rented, leased or owned by the Partnership for business purposes is as follows:

Equipment Type	Rented, Leased Owned	Name of Lessor	Lessor Phone #	Initial and End Date of Contract

20.

Does the Partnership share space with another enterprise?

_____yes _____no

If YES:

Name of other Firm	Address	Type of Space	Relationship to Applicant/ Principals

21.

The following persons, firms or entities, contributed equipment, finances or personnel to the Partnership:

Name of Firm	Address/City	Telephone #	Amount and type of Support Supplied

22.

Two (2) Current Customers of the Partnership are:

Customer	Address/City	Telephone

Description of Work Performed: _____

Customer	Address/City	Telephone

Description of Work Performed: _____

The Applicant Enterprise_____

(Name of Business Enterprise)

has performed as a PRIME CONTRACTOR and has had the occasion to
SUBCONTRACT work to the following firms:

**Subcontractor
Contract**

Address/City

Telephone

Date of

The Applicant Enterprise_____has

performed as a SUBCONTRACTOR wherein the applicant's work was
performed for the following PRIME CONTRACTORS:

**Prime Contractor
Contract**

Address/City

Telephone

Date of

The undersigned does hereby swear or affirm that the statements contained in THIS EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments which have been provided in support of the foregoing application for certification are true, accurate, complete and includes all information necessary to identify and explain the ownership and operation of:

(Name of Business Enterprise)

Further, the undersigned does covenant and agree to provide the City of Atlanta's Office of Contract Compliance with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the City of Atlanta. The undersigned further agrees that as part of this certification procedure, OCC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to, or withhold from the applicant enterprise certification as a Minority-owned Business Enterprise or a Female Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification. It is recognized and acknowledged that the statements contained in this application are being under oath and that any material misrepresentation shall be construed and deemed to be subject to Section 106-90 of the City of Atlanta's Criminal Code of Ordinances in addition to being grounds for denial of certification or for de-certification and may result in the denial of an award or the termination of contracts which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the OCC investigation. It is further understood that certification will be revoked if after proper investigation by OCC, the applicant is determined to be engaging in activities which circumvent the intent of the EBO Program.

PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE CITY

Pursuant to Atlanta City Code Section 106-90, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of City

government. The City will impose applicable penalties and sanctions against any person making such false representation in connection with the City's Equal Business Opportunity Program. In addition, the City will seek all available remedies under Georgia and Federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a minority or female business enterprise.

ATTESTATION: I CERTIFY THAT ALL REPRESENTATIONS IN THIS CONTRACT EMPLOYMENT REPORT ARE CORRECT AS OF THE DATE STATED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY TWO YEARS, HOWEVER, THE OFFICE OF CONTRACT COMPLIANCE RETAINS THE RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE TRUE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE UNDERSIGNED ON BEHALF OF

(Name of Enterprise)

Name of Person Signing: (Print)_____

Title of Person Signing: (Print)_____

Signature:_____

(Must match name of person signing)

Notary Public (Must exhibit seal and stamp to be acceptable)

CITY OF ATLANTA
Contract Employment Report

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITEM ON THIS FORM MUST BE COMPLETED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME OF FIRM: _____ **TELEPHONE No.** _____
NAME OF OWNER: _____ **FAX NO.** _____
MAILING ADDRESS: _____ **CITY:** _____
STATE: _____ **COUNTY:** _____ **ZIP CODE:** _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY?

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICATION FROM THE CITY OF ATLANTA?

PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY

	Management/ Officials		Professionals Arch, Engineers, etc		Supervisors		Office/Clerical/Sal es		Craftsmen/Labore rs	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Native American										
Hispanic										
Other										
TOTAL										

I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.

DATE

PRINT PREPARER'S NAME

PREPARER'S SIGNATURE

TITLE